

Revised 7/23/07

PROPOSAL SUMMARY AND ROUTING FORM

Proposal Title: Prerequisite Change DHYG 122

Initiating Unit or Individual: DHYG

Contact Person's Name: Theresa A Raglin e-mail: raglint@ferris.edu phone: 2312

Date or Term of Proposal Implementation: _____

- Group I - A – New degree/major or major, redirection of a current offering, or elimination of a degree, major or minor
- Group I - B – New minors or concentrations
- Group II - A – Minor curriculum clean-up and course changes
- Group II - B – New Course
- Group III - Certificates
- Group IV – Off-Campus Programs

Group/Individual	Signature	Date	Vote/Action *
Program Faculty			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Faculty			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Department Head	<i>Theresa A Raglin</i>	<i>6/22/09</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Curriculum Committee			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
College Faculty			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Dean	<i>Alex Handline</i>	<i>6/29/09</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
University Curriculum Committee			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Senate			<input type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support
Academic Affairs	<i>Donald Florkin</i>	<i>7/13/09</i>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Support with Concerns <input type="checkbox"/> Not Support

* Support with Concerns or Not Support must include a list of specific concerns. Votes must be shown for faculty groups. Administrators check appropriate action taken.

To be completed by Academic Affairs		
_____ President (Date Approved)	_____ Board of Trustees (Date Approved)	_____ President's Council (Date Approved)

1. Proposal Summary

(Summary is generally less than one page. Briefly: state what is proposed with a summary of rationale and highlights. Additional rationale may be attached.)

Prerequisite for DHYG 122 changed to reflect first semester professional sequence and admission to Dental Hygiene program.

2. Summary of All Course Action Required*

a. Newly Created Courses to FSU:
Prefix Number Title

b. Courses to be Deleted From FSU Catalog:
Prefix Number Title

c. Existing Course(s) to be Modified:
Prefix Number Title
DHYG 122 Dental Radiography

d. Addition of existing FSU courses to program
Prefix Number Title

e. Removal of existing FSU courses from program
Prefix Number Title

*Contact Senate Secretary or UCC Chair if spaces for additional courses are needed.

MODIFY COURSE
Course Data Entry Form

FORM F

Modify Course
Rev. 07/23/07

I. ACTION TO BE TAKEN: MODIFY AN EXISTING COURSE

Notes:

- 1. Complete all parts of Sections I and II; complete only those items in Section III that represent changes.
- 2. If either prefix or number is being changed, use 'Delete Course' and 'Create New Course' forms rather than this form.

a. List the changes to be made (See Proposed Changes a through p below): Prerequisite Change

b. Term Effective (6 digit code only): 200908 Examples: 200801(Spring), 200805(Summer), 200808(Fall)
Note: The first four digits indicate year, the next two digits indicate month in which term begins.

II. CURRENT: Include information that is in the current course database.

a. Course Prefix DHYG b. Number 122 c. Enter Contact Hours per week in boxes.
 LECTure LAB INDEpendent Study – Check (x)
 Practicum: Seminar:

d. Course Title: Dental Radiography

III. PROPOSED CHANGES: Complete only those boxes that represent proposed changes identified in Section I. Leave all other spaces blank.

a. Course Prefix b. Number c. Enter Contact Hours per week in boxes.
 LECTure LAB INDEpendent Study – Check (x)
 Practicum: Seminar:

d. Course Title: (Limit to 30 characters/spaces.)

e. College Code: f. Department Code:

Credit Hours: Check (x) type and enter maximum and minimum hours in boxes.

g. Type: Variable Fixed h. Maximum Credit Hours i. Minimum Credit Hours

j. May Be Repeated for Added Credit: Check (x) Yes No

k. Levels: Check (x) Undergraduate Graduate Professional

l. Grade Method: Check (x) Normal Grading Credit/No Credit only (Pass/Fail)

m. CATALOG DESCRIPTION – Limit to 75 words – PLEASE BE CONCISE.

n. Term(s) Offered: (See instructions for listing.) o. Max. Section Enrollment:

p. Prerequisites/Co-requisites/Restrictions: Limited to 100 spaces. Admission to Dental Hygiene Professional Sequence.

UCC Chair Signature/Date: _____ 1 1

Academic Affairs Approval Signature/Date:
[Signature] 3/13/09

To be completed by Academic Affairs Office: - Standard & Measures Coding and General Education Code
 Basic Skill (BS) General Education (GE) Occupational Education (OC) G.E. Codes

Office of the Registrar use ONLY
Date Rec'd: _____ Date Completed: _____ Entered: SCACRSE __ SCADETL __ SCARRES __ SCAPREQ __

Ellen - Pls sign & send directly to Don. Previous Form A for SONO courses signed & sent.

Donald Flickinger/FSU
06/19/2009 09:46 AM

To Theresa Raglin/FSU@FERRIS
cc
bcc

Thanks
Theresa

Subject Re: Changing prerequisites

History: This message has been replied to.

Give me a form A signed by you and Ellen and form Fs (modify) showing the changes to be made.

Theresa Raglin/FSU

Theresa Raglin/FSU
06/18/2009 03:20 PM

To Donald Flickinger/FSU@FERRIS
cc
Subject Changing prerequisites

Don,

TWO SONO
ONE DHIC

I need to correct the prerequisites listed for three of my first semester courses. Do we need to go through a curriculum revision to change the prerequisites?

Theresa A. Raglin, RDH, MEd
Academic Department Head - Dental Hygiene and Medical Imaging
College of Allied Health Sciences
Ferris State University
200 Ferris Drive, 405 VFS
Big Rapids, MI 49307
231.591.2312
231.591.2325(FAX)

VPAA
JUL 1 2009
PROVOST